## **Mental Health Transformation Council**

# MINUTES June 29, 2009

**NEXT MEETING: July 27, 2009 2:00 to 4:15** 

#### **Attendance**

**Membership:** Michael Hartman, Beth Tanzman, Bill McMains, Ed Paquin, Jean New, David Gallagher, Nick Emlen (for Leslee Tocci), Kitty Gallagher, Linda Corey, Dave Yacovone (for Jill Olson), Terry Rowe

**Guests and members of the public:** Ed Riddell, Tommie Murray, David Fassler, Donna Jerry, Pamela Corcoran, Xenia Williams, Jeanne Smith

**Staff:** Frank Reed, Judy Rosenstreich, Nick Nichols, Norma Wasko, Wendy Beinner

## **Participating in Today's Meeting**

Vermont Protection and Advocacy Another Way State Standing Committee for Adult Mental Health Vermont Psychiatric Survivors Lunatic Ravings Educators Vermont Association for Mental Health

Council of Mental Health and Substance Abuse Professionals of Vermont Counterpoint

Vermont Association of Hospitals and Health Systems
Vermont Council of Developmental and Mental Health Services
CRT Council
Department of Mental Health

Vermont State Hospital

**BISHCA** 

Advocates and Consumers

### Commissioner Updates

Work on revisions to the State's Health Resource Allocation Plan (HRAP) reflects a greater degree of integration of mental health with health than we have seen previously. Our goal is to build the mental health / psychiatric perspective into these and other policy documents regarding health policy. Feedback to BISHCA on the draft plan is welcomed.

The recently appointed Mental Health Oversight Committee (MHOC) meets tomorrow to hear an update on the Futures project, presentations from general and specialty hospitals

that may be interested in helping to replace VSH beds, and community providers from the designated agencies.

DMH is sending today a letter and request for proposals to all hospitals, exploring possible interest in developing new inpatient capacity for intensive acute psychiatric treatment to replace VSH beds. Hospitals are being asked to let DMH know if they are interested or not, submit conceptual responses if they are interested, and more detailed responses by end of summer. The RFP is posted on the DMH web site: <a href="http://healthvermont.gov/mh/documents/InptBidProposal7-09">http://healthvermont.gov/mh/documents/InptBidProposal7-09</a> FINAL2.pdf

VSH must incur \$300,000 to 400,000 in unplanned maintenance in response to the CMS recent survey.

#### Reduction of Seclusion and Restraint Grant

Ed Riddell, the Alternatives to Seclusion and Restraint Coordinator at VSH, presented an overview of the SRRI project, *Seclusion and Restraint Reduction Interventions*. Funded by SAMHSA, the project is working in two locations: Children's Psychiatric Unit at the Brattleboro Retreat, and at Vermont State Hospital. The two sites interact monthly via conference call to review goals, strategies, and interventions. Discussion focused on the adult component at VSH. Transformation Council members pointed out that the list of SRRI Advisory Council (for VSH) members distributed in a handout inadvertently omits the peer representative, Jane Winterling, who has been involved from the project's outset and serves on the Advisory Council.

#### Vermont Crisis Alternative Program Proposal

The Futures Peer Support Work Group presented their recommendations to the Transformation Council, outlined in a Fact Sheet posted on the DMH web site. The essence of the proposal is to create a peer-run crisis alternative house, which would be a 3-bed facility for people in crisis to work through their distress in a non-medical, nontraditional way with the help and support of well-trained peers who have themselves experienced emotional distress. Vermont Psychiatric Survivors will facilitate the organization of an advisory committee, develop a board of directors, and transition the program to a new nonprofit corporation with 501 (c)(3) status. The proposed program was developed over two years of research, site visits to similar initiatives in New York and New Hampshire, and discussion of how best to use the allocated resources of the Futures project for peer programming. The crisis alternative proposal offers a setting run by peers using the principles of peer support. It would be open to anyone who desires to approach a crisis in a nontraditional way and willing to adhere to safety guidelines. The work group noted that the program would need funding comparable to crisis stabilization programs as at least two peer mentors would have to be present at the house at all times. The six recommendations in the Fact Sheet will be discussed at the July 27<sup>th</sup> meeting of the Transformation Council after people have a chance to review them, located at: http://healthvermont.gov/mh/futures/documents/CrisisAlternativeProgramProposal.pdf

The Transformation Council adjourned at 4:05 p.m.

SUBMITTED BY: Judy Rosenstreich

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